



State of Washington
Application for a Water Right

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Date	
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CICTI:	5004

Name Joe Bubser	Home	Tel·(E'A	3) 09917	- 3808
Mailing Address PO Box 1266	Work	Tel:(- 3003
City Twisp State W/W Zip+49				
Section 2. CONTACT - PERSON TO C \square Same as above	CALL ABOUT	THE A	PPLIC	'ATION
ame	Home	Tel:(_)	-
failing Address	Work	Tel:(-
StateZip+4	+	FAX:(_		-
elationship to applicant				
Section 3. STATEMENT OF INTENT				
The applicant requests a permit to use not more than cubic feet per second) from a surface water source urpose(s) of	80 ce or □ ground wa	ter source	(a gall (check o	ons per minute or only one) for the
Check if the water use is proposed for a short-t needed: From/ to/	e-feet per year:term project. Indica			
Check if the water use is proposed for a short-t needed: From/ to/ Section 4. WATER SOURCE	e-feet per year: term project. Indica	te the peri		
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needed: From/	e-feet per year: term project. Indicate If GROUND A permit is de Size & depth of Grows Feet from the point FROM (E/W) County	WATER sired for of divers	sion or v	well(s). well(s). well(s). well(s).

ECY 040-1-14 Rev. 9/95 F

APPLICATION

Appl. No.: <u>64-32623</u>

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
В.	Are you within the area of an approved water system? [Homes, Apartment, Recreational, etc.] YES NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Hay Acres 5
	Use Hay Acres 5 Use Acres Use Acres
C.	Total number of acres to be covered by this application:
	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977;
D.	 Acreage proposed to be irrigated under this application; Acreage proposed to be irrigated under other pending application(s).
υ.	 ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? □ YES □ NO
Е.	‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? 2. Do you have a controlling interest in a Family Farm Development Permit? □ YES □ NO

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES → NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) a owner(s):	
В.	Does the applicant own the land on which the water source is located?	≠ YES □ NO
	If no, submit a copy of agreement:	
orde	tify that the information above is true and accurate to the best of my knowledge, r to process my application, I grant staff from the Department of Ecology access	to the site for inspection
	monitoring purposes. Even though I may have been assisted in the preparation comployees of the Department of Ecology, all responsibility for the accuracy of the	
me.		
	goe Luboer 10-1's	2-97
Appl	icant/(or authorized representative) Date	

Date

same

Landowner for place of use (if same as applicant, write "same")

We are returning your application for the following reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)is/a incomplete		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and retu	arn your ap	plication by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).